

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

6/29/86

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL REQ.	3	↓		↓		↓
TOTAL DEP.	26	←	←	←	←	←
TOTAL CLAIMS	29					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL REQ.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

WEST AVAILABLE COPY